

(GW/UST-2)

Site Investigation Report For Permanent Closure or Change-in-Service of U.S.T.

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL
OFFICE ADDRESS].

State Use Only

I.D. Number **RECEIVED**Date Received **N.C. Dept. of EHNR**

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

APR 21 1992

I. Ownership of Tank(s)

II. Location of Tank(s)

Piedmont Concrete Co
Owner Name (Corporation, Individual, Public Agency, or Other Entity)
P.O. Drawer AA
Street Address
Forsyth
County W-S NC 27108
City 919/724-1511 State Zip Code
Area Code Telephone Number

same
Facility Name or Company
Facility ID # (if available)
530 Waughtown Ave
Street Address or State Road
Forsyth W-S 27108
County City Zip Code
Area Code Telephone Number

Regional Office

III. Contact Person

Joe Nelson
Name Job Title
Technical sales Mgr. 919/724-1511
Closure Contractor Certifoam Services, Inc. P.O. Box 5524 Winston-Salem, NC 27113 919/659-
Lab Blue Ridge Labs, Inc. P.O. Box 2940 Lenoir, NC 28645 704/728-0149 8777
(Name) (Address) (Telephone No. (Area Code))

IV. U.S.T. Information

V. Excavation Condition

VI. Additional Information Required

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water In Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	8000	96 x 256	gas		x	x			x

See reverse side of pink copy
(owner's copy) for additional
information required by
N.C. - DEM in the
written report and sketch.

VII. Check List

Check the activities completed.

- ☒ Contact local fire marshal
☒ Notify DEM Regional Office before abandonment.
☒ Drain & flush piping into tank.
☒ Remove all product and residuals from tank
☒ Excavate down to tank.
☒ Clean and inspect tank.
☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
☐ Cap or plug all lines except the vent and fill lines.
☒ Purge tank of all product & flammable vapors.
☐ Cut one or more large holes in the tanks.
☐ Backfill the area.
Date Tank(s) Permanently closed: 11/21/91
Date of Change-in-Service:

- ABANDONMENT IN PLACE**
☒ Fill tank until material overflows tank opening;
☒ Plug or cap all openings;
☒ Disconnect and cap or remove vent line
☒ Solid inert material used - specify: foam

- REMOVAL**
☐ Create vent hole
☐ Label tank
☐ Dispose of tank in approved manner
Final tank destination:

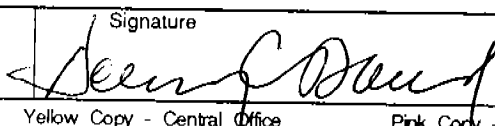
VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

Harvey C. Danner, Jr., President

Signature



Date Signed

11/24/91